

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th St. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE 2010 JAN 11 AM 8:46

COMMITTEE NAME (Must be same as on Statement of Organization)

Kapusian for State Senate

IMPORTANT: Indicate by # type of committee you are reporting for: ☐

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Tim Kapusian

Political Party (if applicable)

Republican

Office Sought

Senate

District (if Senate or House)

20

FORM
DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

1724

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A _____ REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # ☐

CHECK IF AMENDMENT TO REPORT DATED 1-19-10

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

3,125.68

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

2,400.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$

5,525.68

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (*also see debts and loans below)

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

5,525.68

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

13,000.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)Kaplan for State Senate

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
1-8-10	ID# CK# 1005	Beverly Yates 21767 Juniper Rd Underwood, IA 51576		\$ 250.00	<input type="checkbox"/>
1-8-10	ID# CK# 5622	Richard Danner 2790 NE 59th Ave Ankeny, IA 50021		100.00	<input type="checkbox"/>
1-8-10	ID# CK# 8349	Gene Gourley 1858 284th St Webster City, IA 50595		100.00	<input type="checkbox"/>
1-8-10	ID# CK# 1039	Ryan Deahr 1759 115th St West Liberty, IA 52776		2500	<input type="checkbox"/>
1-8-10	ID# CK# 1461	Susan Deahr 1148 Davis Ave West Liberty, IA 52776		100.00	<input type="checkbox"/>
1-8-10	ID# CK# 2030	Heidi Vittetoe 5504 Quince Ave Washington, IA 52353		75.00	<input type="checkbox"/>
1-8-10	ID# CK# 5615	Char Brennon 1551 Lorch Ave Washington, IA 52353		75.00	<input type="checkbox"/>
1-8-10	ID# CK# 10978	Nancy Eichelberger 208 West Depot Wayland, IA 52654		25.00	<input type="checkbox"/>
1-8-10	ID# 9687 CK# 1156	Grinnell Mutual Reinsurance PAC 4215 Highway 146 Grinnell, IA 50112		100.00	<input type="checkbox"/>
1-8-10	ID# 6058 CK# 4598	Iowa Chiopneia Society PAC 602 Grand Ave Des Moines, IA 50309		300.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1,150.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Keene for Senate

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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1-8-10	ID# 9736 CK# 3160	Keene for Senate 707 E. Locust St Des Moines, IA 50309		\$ 250	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$250.00

TOTAL (If last page of this schedule)

\$1400.00

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Page 2 of 2
(for Schedule A)

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DISCLOSURE SUMMARY PAGE

2010 JAN -7 AM 11:47

COMMITTEE NAME (Must be same as on Statement of Organization)

Kapucian for State Senate

IMPORTANT: Indicate by # type of committee you are reporting for:

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(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
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CANDIDATE COMMITTEES ONLY:

Candidate Name

Tim Kapucian

Political Party (if applicable)

Republican

Office Sought

Senate

District (if Senate or House)

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SIGNATURE OF PERSON FILING REPORT

319-442-3218
TELEPHONE

1-7-10
DATE SIGNED

I AM FILING A 1-19-10 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date):

Indicate by # ☐☐ CHECK IF AMENDMENT TO REPORT DATEDSee amended report

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\$

3,125.68

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1,000.00

Schedule F: Loans Received total (Attach Schedule F)

=

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

=

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

4,125.68

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (*also see debts and loans below)

-

Schedule F: Loan Repayments total (Attach Schedule F)

-

CASH ON HAND at the end of this reporting period (If final report balance must be zero)

\$

4,125.68

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

=

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

=

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

13,000.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

\$

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
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COMMITTEE NAME (Must be same as on Statement of Organization)

Kapsian for State Senate

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1-9-09	ID# 6264 CK# 1029	Town Automotive Recyclers PAC 55 West 32 St Dubuque, IA 52001		\$ 200.00	<input type="checkbox"/>
9-15-09	ID# 6067 CK# 4121	Town Health PAC 6750 Westown Pkwy #100 West Des Moines, IA 50266		200.00	<input type="checkbox"/>
9-18-09	ID# CK# 3207	Juan Mayer 410 2nd Ave Keosauqua, IA 52249		100.00	<input type="checkbox"/>
9-18-09	ID# CK# 4427	Steven Ackerson 1634 New 81st St Clive, IA 50325		100.00	<input type="checkbox"/>
10-2-09	ID# 8028 CK# 2615	Monsanto Citizenship Fund 800 N. Lindbergh Blvd St Louis MO 63167		400.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 1	
TOTAL (If last page of this schedule)				\$ 1,000.00	

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Page 1 of 1
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

RESET

COMMITTEE NAME (Must be same as on Statement of Organization)

Kapucian for State Senate

SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAYED☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
10/27/09	Tim Kapucian 1275 6th St Keystone IA 52249	Self	\$ 13,000.00

TOTAL (PART I)

\$ 13,000.00

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II)

\$ 0

From Schedule E - TOTAL LOANS FORGIVEN

\$ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 13,000.00

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Page 1 of 1
(for Schedule F)